

# **EXHIBIT A**

**MCKEE FOODS CORPORATION  
EMPLOYEES HEALTH AND SUPPLEMENTAL BENEFITS PLAN**

**PLAN DOCUMENT  
AND  
SUMMARY PLAN DESCRIPTION**

**AMENDED AND RESTATED AS OF JANUARY 1, 2019**

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## INTRODUCTION

McKee Foods Corporation (“McKee Foods”) maintains the McKee Foods Corporation Employees Health and Supplemental Benefit Plan (the “Plan”) for the exclusive benefit of its eligible employees, the eligible employees of the Adopting Employers, and their eligible family members.

The Plan provides health and welfare benefits through the following component benefit programs:

- Medical program
- Prescription drug program
- Health reimbursement arrangement (“HRA”)
- Wellness program
- Dental program
- Vision program
- Employee assistance program (“EAP”)
- Critical illness program
- Group accident program
- McKeeFlex
- Prairie City Bakery, LLC Section 125 Flexible Spending Program

Each of the component benefit programs is more fully described in one of the Attachments. Each component benefit program has its own requirements for eligibility and enrollment, which are set forth in this document and the Attachments.

This document (the “Base Plan”), together with the Attachments, is the plan document for the Plan, as well as the Plan’s summary plan description as described in ERISA § 102. Except where otherwise expressly provided in the Base Plan or as necessary to comply with the law, in the event of any inconsistency between the Base Plan and the Attachments, the provisions of the Attachments shall control.

## DEFINITIONS

“Adopting Employer” or “Participating Employer” means an entity that has adopted the Plan and/or the component benefit program(s), as applicable, with the permission of the Plan Administrator, in accordance with the provisions described in the “ADOPTION, AMENDMENT, AND TERMINATION” section of the Plan.

“Affordable Care Act” means the Patient Protection and Affordable Care Act, as amended.

“Attachments” means the evidence of coverage (EOC), insurance certificate booklets, and other plan documents and summaries included in the section titled Attachments. These documents are incorporated and made a part of this Plan document and SPD.

“COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

“Code” means the Internal Revenue Code of 1986, as amended.

“Covered Entity” means a health plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form in connection with a transaction covered by Subchapter A of 45 C.F.R. Subtitle A.

“Dependent” means a Participant’s Spouse and any individual who qualifies as a Participant’s “dependent” under the terms of any component benefit program.

“Employer” means McKee Foods Corporation and any Adopting Employer.

“ERISA” means the Employee Retirement Income Security Act of 1974, as amended.

“McKeeFlex Plan” means the McKee Foods Corporation Section 125 Flexible Spending Plan.

“FMLA” means the Family and Medical Leave Act of 1993.

“Group Health Plan” means a component benefit program that is an employee welfare benefit plan, to the extent that the plan provides medical care (as defined in Section 733(a)(2) of ERISA) to Participants or their Dependents directly or through insurance, reimbursement, or otherwise.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as amended.

“Participant” means an employee who has met the eligibility provisions of one or more component benefit programs. A Participant may be referred to as a Member, Subscriber, or Insured in any particular component benefit program.

“PHI” or “Protected Health Information” means information collected from an individual and genetic information, whether oral or recorded, that (1) is maintained or transmitted in any form or medium, including electronic media; (2) is created or received by the Plan; (3) relates to the past, present, or future physical or mental health condition of a Participant, the provision of health care to a Participant, or the past, present, or future payment for health care; and (4) that identifies the Participant or for which there is a reasonable basis to believe the PHI can be used to identify the Participant.

"Plan" means this McKee Foods Corporation Employees Health and Supplemental Benefits Plan, including all Attachments.

"Plan Administrator" means McKee Foods Corporation.

"Plan Sponsor" means McKee Foods Corporation.

"QMCSO" means a qualified medical child support order, as defined in Section 609(a) of ERISA.

"Rescission" means the retroactive cancellation of coverage under a Group Health Plan for reasons other than: (1) the failure to pay required premiums; or (2) such other reasons as may be set forth in applicable guidance, such as retroactive cancellation due to reconciling lists of eligible employees and retroactive cancellation due to failure to notify the Plan Administrator in the event of divorce.

"Spouse" means an individual who qualifies as a Participant's "spouse" under the terms of any component benefit program.

"USERRA" means the Uniformed Services Employment and Reemployment Rights Act of 1994.

## GENERAL PLAN INFORMATION

### **Plan Name**

McKee Foods Corporation Employees Health and Supplemental Benefits Plan

### **Plan Number**

501

### **Plan Year**

January 1 – December 31

### **Employer Information**

McKee Foods Corporation  
P.O. Box 750  
Collegedale, TN 37315  
(423) 238-7111

### **Plan Administrator Information**

McKee Foods Corporation  
P.O. Box 2078  
Collegedale, TN 37315  
(423) 238-7111

### **Plan Sponsor EIN**

62-0450611

### **Type of Plan and Source of Funding**

The Plan is an unfunded welfare benefit plan that includes medical, prescription drug, dental, vision, health reimbursement, wellness, employee assistance, critical illness, and group accident components. Contributions are made by employees and the employer.

### **Type of Administration**

Benefits are administered by the employer, a third-party claims administrator, or an insurance company

### **Agent for Service of Legal Process**

McKee Foods Corporation  
Attention: Law Department  
P.O. Box 750  
Collegedale, TN 37315

**ATTACHMENT B**  
**PRESCRIPTION DRUG PROGRAM**

This Attachment sets forth the terms under which prescription drug benefits will be offered to eligible Participants and eligible Dependents. The Plan has entered into an agreement with a pharmacy benefit manager that has contracted with certain pharmacies for prescription drug services.



**McKEE FOODS CORPORATION EMPLOYEES  
HEALTH AND SUPPLEMENTAL BENEFITS PLAN**

**PRESCRIPTION DRUG PROGRAM**

**Amended and Restated Effective: January 1, 2024**

**10181 SCRIPPS GATEWAY CT.  
San Diego, CA 92131  
(888) 728-5030  
[www.medimpact.com](http://www.medimpact.com)**



## **MEMBER ADVOCATES**

MedImpact Healthcare System's Customer Service team is available to assist you 24 hours a day, 7 days a week, 365 days a year

Toll Free      (888) 728-5030

## **ELIGIBILITY**

A Participant or Dependent is eligible to participate in the benefits provided under this Attachment B if the Participant or Dependent is participating in one of the Medical Program options described in Attachment A. An eligible Participant and Dependent will be automatically enrolled in the Prescription Drug benefits provided under this Attachment, without the need to separately elect Prescription Drug coverage. Prescription Drug benefits cannot be elected separately from the Medical Program benefits described in Attachment A.

## **COVERAGE TIERS**

Prescriptions covered by the Plan are categorized in three separate tiers as listed below.

| <b>Type of Medication</b> | <b>Tier</b> |
|---------------------------|-------------|
| Generic                   | Tier 1      |
| Preferred Formulary Brand | Tier 2      |
| Non-Preferred Brand       | Tier 3      |

Your Plan has a separate benefit for specialty medications. Specialty medications treat chronic complex conditions such as Rheumatoid Arthritis, Cancer, Multiple Sclerosis, Hepatitis C, Crohn's Disease, Bleeding Disorders, Asthma, Psoriasis, and more. Specialty prescriptions covered by the Plan are categorized into three separate specialty tiers as listed below.

| <b>Type of Medication</b>     | <b>Tier</b> |
|-------------------------------|-------------|
| Specialty Generic             | Tier 1      |
| Specialty Preferred Brand     | Tier 2      |
| Specialty Non-Preferred Brand | Tier 3      |

Your financial responsibility for each tier is based upon the benefits offered by your Plan. For more information regarding your coverage and estimated drug costs, visit the Benefit Information section of the MedImpact's website at [www.MedImpact.com](http://www.MedImpact.com) or call the MedImpact Customer Service at (888) 728-5030.

## PRESCRIPTION DRUG SCHEDULE OF BENEFITS: \$1,700 HRA

| BENEFIT DESCRIPTION  |  | BENEFIT   |                      |
|--|--|---|----------------------|
| RX DEDUCTIBLE – CALENDAR YEAR  |  | IN-NETWORK  | OUT-OF-NETWORK**     |
| Single Family  |  | None<br>None  |                      |
| OUT-OF-POCKET MAXIMUM – CALENDAR YEAR  |  | IN-NETWORK  | OUT-OF-NETWORK**     |
| Single Family  |  | \$4,900<br>\$8,350 per individual, not to exceed \$9,800  | \$10,200<br>\$20,400 |
| <b>RETAIL PHARMACY (30-DAY SUPPLY)</b>   |  |   |                      |
| Tier 1 – McKee Foods Family Pharmacy   |  | \$2   | 50%                  |
| Tier 1 – Generic (Preferred Pharmacy)  |  | \$7   | 50%                  |
| Tier 1 – Generic (In-Network Pharmacy)   |  | \$12  | 50%                  |
| Tier 2 – Preferred Brand   |  | 20%   | 50%                  |
| Tier 3 – Non-Preferred Brand   |  | 40%   | 50%                  |
| <b>RETAIL PHARMACY (90-DAY SUPPLY)</b>   |  |   |                      |
| Tier 1 – McKee Foods Family Pharmacy   |  | \$4   | 50%                  |
| Tier 1 – Generic (Preferred Pharmacy)  |  | \$14  | 50%                  |
| Tier 1 – Generic (In-Network Pharmacy)   |  | \$24  | 50%                  |
| Tier 2 – Preferred Brand   |  | 20%   | 50%                  |
| Tier 3 – Non-Preferred Brand   |  | 40%   | 50%                  |
| <b>MAIL ORDER PHARMACY (30-DAY SUPPLY)</b>   |  |   |                      |
| Tier 1 – Generic   |  | \$5   | n/a                  |
| Tier 2 – Preferred Brand   |  | 20%   | n/a                  |
| Tier 3 – Non-Preferred Brand   |  | 40%   | n/a                  |
| <b>MAIL ORDER PHARMACY (90-DAY SUPPLY)</b>   |  |   |                      |
| Tier 1 – Generic   |  | \$10  | n/a                  |
| Tier 2 – Preferred Brand   |  | 20%   | n/a                  |
| Tier 3 – Non-Preferred Brand   |  | 40%   | n/a                  |
| <b>SPECIALTY PHARMACY (30-DAY SUPPLY)*</b>   |  |   |                      |
| Tier 1 – Specialty Generic   |  | 15% up to \$250 max   | 50%                  |
| Tier 2 – Specialty Preferred Brand   |  | 25% up to \$350 max   | 50%                  |
| Tier 3 – Specialty Non-Preferred Brand   |  | 40% up to \$450 max   | 50%                  |
| <b>VARIABLE COPAYMENT:</b> Copays for certain specialty medications may be set higher than the standard copayment for specialty drugs in order to benefit from maximum coupon assistance from manufacturer programs to help reduce your pharmacy costs. Your actual copayment will be adjusted to your regular specialty medication copayment so your actual out-of-pocket amount will remain the same or lower. |  |   |                      |
| <b>ACA PREVENTIVE MEDICATIONS (30-DAY SUPPLY) ♦</b>  |  |   |                      |
|  |  | No cost   |                      |
| <b>NOTES:</b>  |  | For medications on the Safe Harbor Preventive list, the cost for medications do not apply towards deductible, only out-of-pocket limit. |                      |

|  |  |
|--|--|
|  | <p>For medications not on the Safe Harbor Preventive list, the costs for medications will apply toward deductible and out-of-pocket limit.</p> <p>* If you are using a co-pay or savings card for specialty medication, you will only receive credit for the amount you pay after the co-pay or savings card is applied.</p> <p>** Out Of Network prescription claims processed via member submission of Paper Claims for Direct Member Reimbursement (DMR).</p> <p>◆ Refer to ACA/Essential Health Benefit (EHB) Medication drug list available on the Benefits Portal at work or <a href="http://benefits.mckee.com">benefits.mckee.com</a> from home.</p> |
|--|--|

If Brand drug is requested when there is a generic equivalent, the member cost will be the difference between the Brand cost and the Generic Cost plus the applicable tier copay.

\*\*For any new script, members will be required to fill two 30-day supply prescriptions before a 90-day is available.

## PRESCRIPTION DRUG SCHEDULE OF BENEFITS: \$1,700 HSA

| <b>BENEFIT DESCRIPTION</b>                                   | <b>BENEFIT</b>   |                         |
|--|--|-------------------------|
| <b>DEDUCTIBLE – CALENDAR YEAR</b>                            | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK**</b> |
| Combined with medical<br>Single Family                       | \$1700<br>\$3,400  | 3,400<br>\$6,800        |
| <b>OUT-OF-POCKET MAXIMUM – CALENDAR YEAR</b>                 | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK**</b> |
| Combined with medical – includes deductible<br>Single Family | \$4,900<br>\$8,350 per individual, not to exceed \$9,800   | \$10,200<br>\$20,400    |
| <b>RETAIL PHARMACY (30-DAY SUPPLY)</b>                       |  |                         |
| Tier 1 – McKee Foods Family Pharmacy                         | \$2  | 50%                     |
| Tier 1 – Generic (Preferred Pharmacy)                        | \$7  | 50%                     |
| Tier 1 – Generic (In-Network Pharmacy)                       | \$12   | 50%                     |
| Tier 2 – Preferred Brand                                     | 20%  | 50%                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | 50%                     |
| <b>RETAIL PHARMACY (90-DAY SUPPLY)</b>                       |  |                         |
| Tier 1 – McKee Foods Family Pharmacy                         | \$4  | 50%                     |
| Tier 1 – Generic (Preferred Pharmacy)                        | \$14   | 50%                     |
| Tier 1 – Generic (In-Network Pharmacy)                       | \$24   | 50%                     |
| Tier 2 – Preferred Brand                                     | 20%  | 50%                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | 50%                     |
| <b>MAIL ORDER PHARMACY (30-DAY SUPPLY)</b>                   |  |                         |
| Tier 1 – Generic   | \$5  | n/a                     |
| Tier 2 – Preferred Brand                                     | 20%  | n/a                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | n/a                     |
| <b>MAIL ORDER PHARMACY (90-DAY SUPPLY)</b>                   |  |                         |
| Tier 1 – Generic   | \$10   | n/a                     |
| Tier 2 – Preferred Brand                                     | 20%  | n/a                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | n/a                     |
| <b>SPECIALTY PHARMACY (30-DAY SUPPLY)*</b>                   |  |                         |
| Tier 1 – Specialty Generic                                   | 15% up to \$250 max  | 50%                     |
| Tier 2 – Specialty Preferred Brand                           | 25% up to \$350 max  | 50%                     |
| Tier 3 – Specialty Non-Preferred Brand                       | 40% up to \$450 max  | 50%                     |
| <b>ACA PREVENTIVE MEDICATIONS (30-DAY SUPPLY) ♦</b>          | No cost  |                         |
| <b>NOTES:</b>  | For medications on the Safe Harbor Preventive list, the deductible is waived and members will pay the co-pay or coinsurance rate. The amount paid does not apply towards the deductible, but will apply towards the out-of-pocket limit. |                         |

|  |   |
|--|---|
|  | <p>For medications not on the Safe Harbor Preventive list, the member will pay the full cost of the medication and the costs will apply toward deductible and out-of-pocket limit. Once deductible is met, the member will pay the co-pay or coinsurance rate.</p> <p>* For Specialty medication, members will pay full price until deductible is met. Once the deductible is met, members will pay the coinsurance rate up to the coinsurance maximum. If you are using a co-pay or savings card for specialty medication, you will only receive credit for the amount you pay after the co-pay or savings card is applied.</p> <p>**Out Of Network prescription claims processed via member submission of Paper Claims for Direct Member Reimbursement (DMR).</p> <p>♦ Refer to ACA/Essential Health Benefit (EHB) Medication drug list available on the Benefits Portal at work or <a href="http://benefits.mckee.com">benefits.mckee.com</a> from home.</p> |
|--|---|

If Brand drug is requested when there is a generic equivalent, the member cost will be the difference between the Brand cost and the Generic Cost plus the applicable tier copay.

\*\*For any new script, members will be required to fill two 30-day supply prescriptions before a 90-day is available.

## PRESCRIPTION DRUG SCHEDULE OF BENEFITS: \$2,100 HSA

| <b>BENEFIT DESCRIPTION</b>                                   | <b>BENEFIT</b>   |                         |
|--|--|-------------------------|
| <b>DEDUCTIBLE – CALENDAR YEAR</b>                            | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK**</b> |
| Combined with medical<br>Single Family                       | \$2,100<br>\$4,200   | \$4,200<br>\$8,400      |
| <b>OUT-OF-POCKET MAXIMUM – CALENDAR YEAR</b>                 | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK**</b> |
| Combined with medical – includes deductible<br>Single Family | \$6,200<br>\$8,350 per individual, not to exceed<br>\$12,600   | \$12,600<br>\$25,200    |
| <b>RETAIL PHARMACY (30-DAY SUPPLY)</b>                       |  |                         |
| Tier 1 – McKee Foods Family Pharmacy                         | \$2  | 50%                     |
| Tier 1 – Generic (Preferred Pharmacy)                        | \$7  | 50%                     |
| Tier 1 – Generic (In-Network Pharmacy)                       | \$12   | 50%                     |
| Tier 2 – Preferred Brand                                     | 20%  | 50%                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | 50%                     |
| <b>RETAIL PHARMACY (90-DAY SUPPLY)</b>                       |  |                         |
| Tier 1 – McKee Foods Family Pharmacy                         | \$4  | 50%                     |
| Tier 1 – Generic (Preferred Pharmacy)                        | \$14   | 50%                     |
| Tier 1 – Generic (In-Network Pharmacy)                       | \$24   | 50%                     |
| Tier 2 – Preferred Brand                                     | 20%  | 50%                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | 50%                     |
| <b>MAIL ORDER PHARMACY (30-DAY SUPPLY)</b>                   |  |                         |
| Tier 1 – Generic   | \$5  | n/a                     |
| Tier 2 – Preferred Brand                                     | 20%  | n/a                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | n/a                     |
| <b>MAIL ORDER PHARMACY (90-DAY SUPPLY)</b>                   |  |                         |
| Tier 1 – Generic   | \$10   | n/a                     |
| Tier 2 – Preferred Brand                                     | 20%  | n/a                     |
| Tier 3 – Non-Preferred Brand                                 | 40%  | n/a                     |
| <b>SPECIALTY PHARMACY (30-DAY SUPPLY)*</b>                   |  |                         |
| Tier 1 – Specialty Generic                                   | 15% up to \$250 max  | 50%                     |
| Tier 2 – Specialty Preferred Brand                           | 25% up to \$350 max  | 50%                     |
| Tier 3 – Specialty Non-Preferred Brand                       | 40% up to \$450 max  | 50%                     |
| <b>ACA PREVENTIVE MEDICATIONS (30-DAY SUPPLY) ♦</b>          |  |                         |
|  | No cost  |                         |
| <b>NOTES:</b>  | For medications on the Safe Harbor Preventive list, the deductible is waived and members will pay the co-pay or coinsurance rate. The amount paid does not apply towards the deductible, but will apply towards the out-of-pocket limit. |                         |

|  |   |
|--|---|
|  | <p>For medications not on the Safe Harbor Preventive list, the member will pay the full cost of the medication and the costs will apply toward deductible and out-of-pocket limit. Once deductible is met, the member will pay the co-pay or coinsurance rate.</p> <p>* For Specialty medication, members will pay full price until deductible is met. Once the deductible is met, members will pay the coinsurance rate up to the coinsurance maximum. If you are using a co-pay or savings card for specialty medication, you will only receive credit for the amount you pay after the co-pay or savings card is applied.</p> <p>**Out Of Network prescription claims processed via member submission of Paper Claims for Direct Member Reimbursement (DMR).</p> <p>◆ Refer to ACA/Essential Health Benefit (EHB) Medication drug list available on the Benefits Portal at work or <a href="http://benefits.mckee.com">benefits.mckee.com</a> from home.</p> |
|--|---|

If Brand drug is requested when there is a generic equivalent, the member cost will be the difference between the Brand cost and the Generic Cost plus the applicable tier copay.

\*\*For any new script, members will be required to fill two 30-day supply prescriptions before a 90-day is available.

## PRESCRIPTION DRUG SCHEDULE OF BENEFITS: \$2,800 HSA

| BENEFIT DESCRIPTION  |  | BENEFIT   |                      |
|--|--|---|----------------------|
| DEDUCTIBLE – CALENDAR YEAR                                   |  | IN-NETWORK  | OUT-OF-NETWORK**     |
| Combined with medical<br>Single Family                       |  | \$2,700<br>\$5,400  | \$5,400<br>\$10,800  |
| OUT-OF-POCKET MAXIMUM – CALENDAR YEAR                        |  | IN-NETWORK  | OUT-OF-NETWORK**     |
| Combined with medical – includes deductible<br>Single Family |  | \$7,600<br>\$8,350 per individual,<br>not to exceed<br>\$15,200 | \$15,800<br>\$31,600 |
| <b>RETAIL PHARMACY (30-DAY SUPPLY)</b>                       |  |   |                      |
| Tier 1 – McKee Foods Family Pharmacy                         |  | \$2   | 50%                  |
| Tier 1 – Generic (Preferred Pharmacy)                        |  | \$7   | 50%                  |
| Tier 1 – Generic (In-Network Pharmacy)                       |  | \$12  | 50%                  |
| Tier 2 – Preferred Brand                                     |  | 20%   | 50%                  |
| Tier 3 – Non-Preferred Brand                                 |  | 40%   | 50%                  |
| <b>RETAIL PHARMACY (90-DAY SUPPLY)</b>                       |  |   |                      |
| Tier 1 – McKee Foods Family Pharmacy                         |  | \$4   | 50%                  |
| Tier 1 – Generic (Preferred Pharmacy)                        |  | \$14  | 50%                  |
| Tier 1 – Generic (In-Network Pharmacy)                       |  | \$24  | 50%                  |
| Tier 2 – Preferred Brand                                     |  | 20%   | 50%                  |
| Tier 3 – Non-Preferred Brand                                 |  | 40%   | 50%                  |
| <b>MAIL ORDER PHARMACY (30-DAY SUPPLY)</b>                   |  |   |                      |
| Tier 1 – Generic   |  | \$5   | n/a                  |
| Tier 2 – Preferred Brand                                     |  | 20%   | n/a                  |
| Tier 3 – Non-Preferred Brand                                 |  | 40%   | n/a                  |
| <b>MAIL ORDER PHARMACY (90-DAY SUPPLY)</b>                   |  |   |                      |
| Tier 1 – Generic   |  | \$10  | n/a                  |
| Tier 2 – Preferred Brand                                     |  | 20%   | n/a                  |
| Tier 3 – Non-Preferred Brand                                 |  | 40%   | n/a                  |
| <b>SPECIALTY PHARMACY (30-DAY SUPPLY)*</b>                   |  |   |                      |
| Tier 1 – Specialty Generic                                   |  | 15% up to \$250 max   | 50%                  |
| Tier 2 – Specialty Preferred Brand                           |  | 25% up to \$350 max   | 50%                  |
| Tier 3 – Specialty Non-Preferred Brand                       |  | 40% up to \$450 max   | 50%                  |
| <b>ACA PREVENTIVE MEDICATIONS (30-DAY SUPPLY) ♦</b>          |  | No cost   |                      |
| <b>NOTES:</b>  | For medications on the Safe Harbor Preventive list, the deductible is waived and members will pay the co-pay or coinsurance rate. The amount paid does not apply towards the deductible, but will apply towards the out-of-pocket limit. |   |                      |

|  |   |
|--|---|
|  | <p>For medications not on the Safe Harbor Preventive list, the member will pay the full cost of the medication and the costs will apply toward deductible and out-of-pocket limit. Once deductible is met, the member will pay the co-pay or coinsurance rate.</p> <p>* FOR SPECIALTY MEDICATION, MEMBERS WILL PAY FULL PRICE UNTIL DEDUCTIBLE IS MET. ONCE THE DEDUCTIBLE IS MET, MEMBERS WILL PAY THE COINSURANCE RATE UP TO THE COINSURANCE MAXIMUM. IF YOU ARE USING A CO-PAY OR SAVINGS CARD FOR SPECIALTY MEDICATION, YOU WILL ONLY RECEIVE CREDIT FOR THE AMOUNT YOU PAY AFTER THE CO-PAY OR SAVINGS CARD IS APPLIED.</p> <p>**Out Of Network prescription claims processed via member submission of Paper Claims for Direct Member Reimbursement (DMR).</p> <p>◆ Refer to ACA/ESSENTIAL HEALTH BENEFIT (EHB) MEDICATION drug list available on the Benefits Portal at work OR benefits.mckee.com from home.</p> |
|--|---|

If Brand drug is requested when there is a generic equivalent, the member cost will be the difference between the Brand cost and the Generic Cost plus the applicable tier copay.

\*\*For any new script, members will be required to fill two 30-day supply prescriptions before a 90-day is available.

**MEMBERS WHO LIVE AND/OR WORK OUTSIDE THE STATE OF TN MAY RECEIVE THE PREFERRED NETWORK COPAY IF FILLED THROUGH A PHARMACY IN THE PREFERRED PHARMACY NETWORK:**

- Walmart Pharmacies Nationwide (outside of Tennessee)
- Publix Pharmacies Nationwide (outside of Tennessee)
- Food City Pharmacies Nationwide (outside of Tennessee)
- Smith Drug in Gentry, Ark.
- Stuarts Draft Family Pharmacy in Stuarts Draft, Va.
- Fishersville Family Pharmacy in Fishersville, Va.
- Stoney Creek Pharmacy in Nellysford, Va.
- Woody's Pharmacy in Independence, Va.
- Uptown United Drug in Kingman, Ariz. and Golden Valley, Ariz.

## **COPAYMENTS AND COINSURANCE**

You are responsible for paying the Copayment and/or Coinsurance amounts as indicated (at the time of purchase, if the pharmacy submits the claim electronically).

## **PRESCRIPTION MEDICATION CALENDAR YEAR DEDUCTIBLE**

This Deductible includes both costs from your medical and prescription expenses. Costs in excess of the Covered Prescription Medication Expense that are charged by an out of network pharmacy do not count toward the in-network Deductible.

## **PRESCRIPTION MEDICATION CALENDAR YEAR OUT-OF-POCKET MAXIMUM**

This Out-of-Pocket Maximum includes both costs from your medical and prescription expenses.

Your Copayments and/or any Coinsurance for Prescription Medications obtained from a Participating Pharmacy will be waived during the remainder of a Plan Year once Your Out-of-Pocket Maximum amount is met.

## **GENERIC MEDICATIONS**

Generics have the same active ingredients in the same dose as brand-name drugs and have been approved by the Food and Drug Administration (FDA) to be safe and effective. Generic drugs generally cost less than brand-name drugs. These savings are passed on to you when you receive a generic medication. Talk to your doctor or pharmacist to see if a generic (Tier 1) drug is right for you.

## **COVERED PREFERRED FORMULARY BRAND MEDICATIONS**

Preferred brand medications are drugs that are covered by your Plan at the preferred formulary brand copay/coinsurance rate.

## **COVERED NON-PREFERRED BRAND MEDICATIONS**

Non-preferred brand medications are drugs that are covered by your Plan, but at a higher cost to you. Non-preferred brand medications may have a generic equivalent available, or there may be another brand medication that is used to treat the same condition that is generally more cost effective without compromising quality.

## **SPECIALTY MEDICATIONS**

Specialty medications treat chronic complex conditions such as Rheumatoid Arthritis, Cancer, Multiple Sclerosis, Hepatitis C, Crohn's Disease, Bleeding Disorders, Asthma, Psoriasis, and more. These high cost drugs come in many forms and may be taken orally, injected with a syringe and needle, or even inhaled with a nebulizer. These medications require special handling or a higher level of support than traditional medications. Your specialty medication can be delivered to your home, your provider's office, or any approved location.

## **PREVENTIVE MEDICATIONS**

One element of the Affordable Care Act is the coverage of certain preventive medications at no cost to the member. As required by law, these medications are covered by the Plan at no cost to

you when age and gender appropriate, prescribed by a health care professional, and filled at a network pharmacy. Types of preventive medications include:

- Contraceptives: including; oral, vaginal, transdermal, and injectable.
- Emergency contraception
- Fluoride
- Aspirin
- Folic Acid
- Certain Vitamins
- Smoking Cessation Medications
- Immunizations

Refer to ACA/ESSENTIAL HEALTH BENEFIT (EHB) MEDICATION drug list available on the Benefits Portal at work OR [benefits.mckee.com](http://benefits.mckee.com) from home.

MedImpact has determined that contraceptives containing the same progestin are equivalent to each other. Each unique progestin contraceptive medication is represented as a Preventive Care Medication to ensure women have access to a broad range of contraceptives at no cost. All other contraceptives may be covered in other tiers at the applicable copay.

Unless specifically stated, medications available over-the-counter (OTC) without a prescription are not covered by the Plan.

## **FORMULARY DRUG LIST DEVELOPMENT & CHANGES**

The current Formulary Products List is available on the Benefits Portal at work OR [benefits.mckee.com](http://benefits.mckee.com) from home.

The MedImpact Pharmacy and Therapeutics Committee may, in its professional judgment, modify medications and supplies on the Formulary Products List as follows:

- Place products on the Prescription Drug Formulary and remove products from the Prescription Drug Formulary.
- Place products on the Prior Authorization List and remove products from the Prior Authorization List.
- Categorize Non-Prescription Products (over-the-counter products) as a Covered Expense, according to Covered Expenses as listed in the Base Plan Document, the Medical Program or another Attachment.
- Place medications into and remove medications from the Specialty Pharmacy Program.
- Place and remove limitations or restrictions on products based on clinical best practice as published in peer reviewed literature. This includes quantity limits, age limits, concurrent therapy, and other administration methods to provide clinically appropriate products to Members or Dependents.

- Exclude medications from coverage based on factors such as FDA-labeled use, other available therapies, safety concerns, or waiting for sufficient broad-population utilization data on new medications.

Actions by the Pharmacy and Therapeutics Committee take place quarterly, as medical technology evolves, as indications change, or as FDA (Food and Drug Administration) guidelines change. The Pharmacy Benefits Administrator, MedImpact, will inform Members and Dependents of the actions taken by the Pharmacy and Therapeutics Committee as appropriate, including when benefits under this Plan are affected.

## **DRUGS WITH SPECIAL REQUIREMENTS**

Your health, safety, and well-being are important. MedImpact works closely with your doctor in order to ensure that you are taking the right medication at the right time. Preauthorization, step therapy, and clinical edits are some of the strategies that MedImpact uses. For a list of drugs that have specific requirements, visit the Benefit Information section of the MedImpact website at [www.MedImpact.com](http://www.MedImpact.com).

- **Prior Authorization** Some medications require prior authorization and are only approved for certain conditions. Your doctor must submit a prior authorization request to MedImpact to determine coverage. Once MedImpact has reviewed the request, your doctor will be notified of the decision, typically within 48 hours. If the request is approved, MedImpact will work with the pharmacy to get the prescription ready for you to pick up. If the request is denied, a representative of MedImpact will contact you to discuss the decision, provide alternative coverage if available, and provide direction for follow up with your doctor.
- **Step Therapy** Other medications require step therapy, which means that you must have tried and failed other medications that treat the same condition and are generally more cost effective without compromising quality. Step therapy may be waived (with a prior authorization request) if determined to be medically necessary. The use of samples does not waive the step therapy requirement.
- **Quantity Limits** Quantity Limits are placed on certain medications to ensure that the amounts prescribed are within the recommended dosages specified by the Food and Drug Administration (FDA). Quantity limits are set to ensure appropriate use and safety. Limits can be accumulative which means that the number of pills or units dispensed will be counted over time and across strengths and formulations of the same medication or medications that treat the same condition.

Your physician can request an exception to quantity limits and step therapy through the prior authorization process.

## **DRUGS NOT COVERED ON THE FORMULARY**

The McKee Foods formulary has been designed to ensure members have access to needed medications while controlling costs to preserve the Plan benefits. Certain medications are not covered on the formulary. Medications are not covered if they have not been approved by the FDA, are over-the-counter (OTC), or if a clinical equivalent medication is available at a lower cost. Coverage consideration for a drug that is not covered would be made by appeal and review of medical records only.

## **iRX PROGRAM**

The iRx program is a discount program through MedImpact that allows members to save money on prescription drugs that are not covered on the plan's formulary. The discount program is provided through MedImpact and linked to the member's existing insurance card. Simply present your insurance card at any participating pharmacy along with your prescription. Savings are applied automatically when the item prescribed qualifies for a discount. Members are responsible for 100% of the cost, less any eligible discount, for drugs not covered by the plan. \*Member's payment will not be applied to any yearly deductible or out of pocket limit.

## **WALMART PRESCRIPTION PROGRAM**

Walmart Prescription Program is available at all Walmart and Neighborhood Market pharmacies in the United States, except for North Dakota. The Program applies only to certain generic medications at commonly prescribed dosages. Under the Program, a 30-day supply of certain generic medication at commonly prescribed dosages will start at \$4 per fill. A 90-day supply of certain covered generic drugs at commonly prescribed dosages will start at \$10 a fill. Prices of certain medications covered by the program may be higher in some states and may also vary based on drug, quantity, and day supply. You may obtain a list of generic drugs and dosages covered under the Program at [www.Walmart.com](http://www.Walmart.com) or at a Walmart Retail Pharmacy.

## **FILLING A PRESCRIPTION**

You have multiple options to obtain your prescriptions.

- **Retail:** When your prescription is filled at a retail pharmacy, you may receive either a 30-day or 90-day supply. McKee Foods has designated "preferred" pharmacies where members can receive reduced costs if they get prescriptions filled at these locations. To locate a "preferred" pharmacy, please visit the Benefits Portal at work OR [benefits.mckee.com](http://benefits.mckee.com) from home. To locate other in-network participating pharmacy, contact a MedImpact Customer Service at (888) 728-5030 or visit the MedImpact website at [www.MedImpact.com](http://www.MedImpact.com).
- **Mail Order:** By using the mail order benefit, you can receive a 30-day or 90-day supply of your prescription delivered to your home at no additional charge. To learn more about mail order visit the mail service page on the MedImpact website at [www.MedImpact.com](http://www.MedImpact.com) or call MedImpact Direct Pharmacy at (888) 728-5030.
- **Specialty:** MedImpact Direct Specialty is the preferred specialty provider with MedImpact. If you are using a Specialty Medication, please contact a MedImpact Direct Specialty

Customer Service Representative at (888)728-5030 for additional details. Each fill of a Specialty Medication may be for up to a 30-day supply.

In order to fill a prescription for a 90-day supply (through Retail or Mail Order), your prescriber must write your prescription for a 90-day supply. Please note that you will be required to fill two 30-day supply prescriptions before a 90-day supply is available.

## **MEDIMPACT PARTICIPATING PHARMACY NETWORK**

You can use your MedImpact pharmacy benefits at more than 65,000 participating pharmacies. The MedImpact network includes national pharmacy chains, local and regional chains, many independent pharmacies, and specialty pharmacies. To find out if your pharmacy is participating, visit [www.MedImpact.com](http://www.MedImpact.com) or call MedImpact at (888) 728-5030.

McKee Foods has designated “preferred” pharmacies where members can receive reduced costs if they get prescriptions filled at these locations. To locate a “preferred” pharmacy, please visit the Benefits Portal at work OR [benefits.mckee.com](http://benefits.mckee.com) from home.

Make sure to present your Insurance ID card that includes the MedImpact logo with your prescription. If you use a pharmacy that is not in the MedImpact network or you do not present your Insurance ID card, you will be required to pay the full cost of the prescription and then submit for reimbursement. If the prescription is covered, you will be reimbursed the contracted rate, less any applicable deductible or copay/coinsurance. In most cases, the pharmacy's cash price is more than MedImpact's contracted rate, which will leave you responsible to pay for an additional amount. To avoid paying any unnecessary expenses, make sure to use a participating pharmacy.

## **MEDIMPACT SECURE WEBSITE**

You can learn more about your prescription benefits online. Visit [www.MedImpact.com](http://www.MedImpact.com) to register your information and log into the secure member portal. You can find the following helpful information and tools on the MedImpact website:

### ***Benefit Information***

- Prescription copay information
- Estimated drug costs
- Prescription claim history report
- Find a participating pharmacy
- Find a list of covered drugs as well as those that have special requirements

### ***Order Mail Order Prescriptions Online***

- Register for home delivery mail order through MedImpact Direct
- View order status
- Request a refill

### ***Customer Support***

- **View and print a temporary prescription ID Card**
- Print a member reimbursement form

- Contact MediImpact

## **COORDINATION OF BENEFITS**

Coordination of Benefits is when you have coverage through more than one insurance company and they work together to pay for a prescription. This Plan does allow for coordination of benefits on pharmacy claims as listed in the Medical Program (See Attachment A).

## **COVERED PRESCRIPTION MEDICATIONS**

- Diabetic supplies (including test strips, glucagon emergency kits, and insulin syringes, but not insulin pumps and their supplies), when obtained with a Prescription Order (insulin pumps and their supplies are covered under the Durable Medical Equipment benefit);
- Prescription Medications;
- Certain preventive medications (including, but not limited to, aspirin, fluoride, iron and Generic Medications for tobacco use cessation) according to, and as recommended by, the United States Preventive Service Task Force (USPSTF), when obtained with a Prescription Order;
- Women's contraception methods as recommended by the Health Resources and Services Administration (HRSA);
- Immunizations for adults and children according to, and as recommended by, the Centers for Disease Control and Prevention (CDC);
- Specialty Medications;
- Self-Administrable Cancer Chemotherapy Medication (all Prescription Medications for Self-Administrable Cancer Chemotherapy Medications must be provided by a Specialty Pharmacy). See below for Special Provisions for Cancer Drug Treatment Regimen; and
- Self-Administrable Prescription Medications (including, but not limited to, Self-Administrable Compound and Injectable Medications).

## **EXCLUSIONS**

In addition to the Exclusions in the Medical Program, the following exclusions apply to this Prescription Medication Benefits Section, unless otherwise specifically defined by the Claims Administrator:

### **Acne Medication**

Prescription Medications for the treatment of acne in Claimants over age 39.

### **Biological Sera, Blood or Blood Plasma, Plasma-derived and Recombinant Clotting Factor Products**

### **Certain Contraceptives**

Prescription contraceptives that cannot be self-administered, including Norplant, surgically inserted contraceptive devices, IUDs, and Depo-Provera (coverage for these contraceptives may otherwise be provided under the Medical Program). Abortifacient medications.

### **Cosmetic Purposes**

Prescription Medications used for cosmetic purposes, including, but not limited to: removal, inhibition, or stimulation of hair growth; retardation of aging; or repair of sun-damaged skin.

### **Devices or Appliances**

Devices or appliances of any type, other than insulin pumps, even if they require a Prescription Order (coverage for devices and appliances may otherwise be provided under the Medical Program).

### **Foreign Prescription Medications**

Except for Foreign Prescription Medications associated with an Emergency Medical Condition while traveling outside the United States, or those purchased while residing outside the United States, the Plan does not cover foreign Prescription Medications. These exceptions apply only to medications with an equivalent FDA-approved Prescription Medication that would be covered under this section if obtained in the United States.

### **Insulin Pumps and Pump Administration Supplies**

Coverage for insulin pumps and supplies is provided under the Medical Program.

### **Medications That Are Not Considered Self-Administrable**

Coverage for these medications may otherwise be provided under the Medical Program.

### **Non-prescription Medications**

Medications that by law do not require a Prescription Order and which are not included in the Claims Administrator's definition of Covered Prescription Medications, shown below, unless included on the Formulary.

### **Off-Label Use Prescription Medications**

Prescription Medications that have not yet received FDA approval for the purpose and in the manner they are being prescribed. However, if a Prescription Drug is prescribed for other than its FDA-approved use and is recognized as effective for the use for a particular diagnosed condition, benefits for the Prescription Drug may be provided when so used, as determined by the Plan.

### **Prescription Medications Dispensed in a Facility**

Prescription Medications dispensed while a patient in a Hospital, Skilled Nursing Facility, nursing home or other health care institution. Medications dispensed upon discharge should be processed under this Prescription Drug benefit if obtained from a Pharmacy.

### **Prescription Medications Dispensed in Connection with Participation in a Clinical Trial**

### **Prescription Medications for Treatment of Impotence, including Sexual Dysfunction Devices or Medications**

### **Prescription Medications for Treatment of Infertility**

## **Prescription Medications Not Dispensed by a Pharmacy Pursuant to a Prescription Order**

### **Prescription Medications Not within a Provider's License**

Prescription medications prescribed by providers who are not licensed to prescribe medications (or that particular medication) or who have a restricted professional practice license.

### **Prescription Medications with No FDA-Proven Therapeutic Indication**

### **Prescription Medications without Examination**

Prescriptions made by a provider without a recent and relevant in-person examination of the patient, whether the prescription order is provided by mail, telephone, internet or some other means.

### **Professional Charges for Administration of Any Medication**

### **Weight Loss Medications**

MedImpact and McKee Foods reserves the right to modify the Exclusion List. There may be other Exclusions not listed above, please contact MedImpact at (888) 728-5030 if you have questions about a certain medications.

## **APPEALS PROCEDURES**

Requests for coverage or appeals relating to the Prescription Drug benefit should be sent in writing along with any other pertinent information you wish MedImpact to review in conjunction with your appeal. Send all information to:

MedImpact Healthcare Systems  
Attn: Appeals & Grievance  
10181 Scripps Gateway Court  
San Diego, CA 92131

Non-urgent appeals will be decided by MedImpact within a reasonable period of time, but not later than fifteen (15) calendar days after MedImpact receives the appeal and supporting documentation. Urgent appeals will be reviewed within 72 hours.

If your appeal is denied, MedImpact will provide written notification to you or your authorized representative. Written notification will include:

1. The specific reason(s) for the denial;
2. Reference to the specific Plan provision on which the adverse benefit determination was based;

Requests for coverage or appeals relating eligibility should be sent in writing along with any other pertinent information you wish McKee Foods to review in conjunction with your eligibility appeal. Send all information to:

McKee Foods Insurance Review Committee  
PO Box 2078  
Collegedale, TN 37315

#### **SECOND LEVEL APPEAL**

If your request for coverage appeal relating to the Prescription Drug benefit is denied, you or your authorized representative may request further review by MedImpact. This request for a second-level appeal must be made, in writing, within one hundred eighty (180) days of the date you are notified of the original appeal decision.

MedImpact will promptly conduct a full and fair review of your appeal, independently from the individual(s) who considered your first level appeal or anyone who reports to such individual(s) and without affording deference to the initial denial.

Second-level appeals will be decided by MedImpact within a reasonable period of time, but not later than fifteen (15) calendar days after MedImpact receives the appeal and supporting documentation. MedImpact's decision will be provided to you in writing, and if the decision is a second denial, the notification will include all of the information described above.

If your request for an eligibility appeal is denied, you or your authorized representative may request further review by McKee Foods. This request for a second-level appeal must be made, in writing, within sixty (60) days of the date you are notified of the original appeal decision. Send all information to:

McKee Foods Insurance Appeals Board  
PO Box 2078  
Collegedale, TN 37315

#### **VOLUNTARY EXTERNAL APPEAL – IRO**

A voluntary Appeal to an Independent Review Organization (IRO) is available, but only after you have exhausted all of the applicable non-voluntary Appeals, or if MedImpact has failed to adhere to all claims and internal Appeal requirements. Voluntary external Appeals must be requested within one hundred eighty (180) days of your receipt of the notice of the prior adverse decision.

MedImpact will coordinate voluntary external appeals, and the decision is made by an IRO at no cost to you. MedImpact will provide the IRO with the appeal documentation. The IRO will make its decision and provide you with its written determination. Choosing the voluntary external appeal

as the final level to determine an appeal will be binding in accordance with the IRO's decision and this Attachment B, except to the extent other remedies are available under federal law.

The voluntary external appeal by an IRO is optional, and you should know that other forums may be utilized as the final level of appeal to resolve a dispute you have under the Plan.

Additional information about claims and claims procedures can be found in the Base Document. Where there is an inconsistency between this Attachment B and the Base Document, this Attachment B shall control.

#### **ADDITIONAL INFORMATION ON PRESCRIPTION BENEFITS**

For more information about these Prescription benefits, please call the Pharmacy Benefits Manager, MedImpact at (888) 728-5030, or visit the website at [www.MedImpact.com](http://www.MedImpact.com).